

Women's Addiction Surveillance: The Unseen Portion of the Wave

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Abstract

Women's addiction remains a significant public health concern, yet it often goes unnoticed due to societal stereotypes and gender biases in addiction surveillance. This abstract explores the unseen portion of the addiction wave among women, shedding light on the unique challenges they face and the disparities in access to treatment and support services. By recognizing the hidden prevalence of addiction among women and addressing the underlying factors contributing to their substance use, policymakers and healthcare providers can develop targeted interventions to improve outcomes and reduce the burden of addiction on women's health and well-being.

Keywords: Women's addiction; Addiction surveillance; Gender disparities; Substance use; Treatment access; Public health; Stigma; Societal stereotypes; Intervention strategies

Introduction

Addiction is a complex and multifaceted issue that affects individuals from all walks of life. While men have historically been the focus of addiction research and intervention efforts, the prevalence of substance use disorders among women has received less attention. Women's addiction remains an unseen portion of the addiction wave, obscured by societal stereotypes, gender biases, and systemic barriers to access treatment and support services. In this article, we explore the hidden prevalence of addiction among women, examine the unique challenges they face, and discuss strategies for improving surveillance, intervention, and support for women with substance use disorders.

The hidden prevalence of women's addiction: Despite being less visible in addiction statistics and surveillance data, women are not immune to the challenges of substance use disorders. Research suggests that women's addiction rates have been steadily increasing, with rising trends in alcohol use disorder, opioid misuse, and other substance-related problems. However, societal norms and gender biases often downplay or dismiss women's substance use, leading to underreporting and misdiagnosis of addiction among women.

Unique challenges faced by women: Women experience addiction differently than men due to biological, psychological, and sociocultural factors. Biological differences, such as hormonal fluctuations and metabolism rates, can impact women's responses to drugs and alcohol, increasing their susceptibility to addiction and related health consequences. Psychologically, women may use substances as a coping mechanism for trauma, stress, or mental health disorders, leading to self-medication and dependency. Sociocultural factors, including gender roles, stigma, and social expectations, may also influence women's patterns of substance use and help-seeking behaviors.

Barriers to access treatment and support: Despite the growing recognition of women's addiction issues, barriers to accessing treatment and support services persist. Women face numerous obstacles, including childcare responsibilities, financial constraints, lack of transportation, and fear of judgment or stigma. Additionally, gender-specific treatment programs and resources tailored to women's needs are often limited, further hindering their ability to seek help and engage in recovery.

Strategies for improvement: To address the unseen portion of women's addiction, a multifaceted approach is needed. Healthcare

providers and policymakers must prioritize gender-sensitive screening and assessment protocols to identify women at risk for substance use disorders early. Culturally competent and trauma-informed care models should be integrated into addiction treatment settings to address the underlying factors driving women's addiction. Additionally, expanding access to gender-specific treatment programs, support groups, and community resources can empower women to seek help and navigate their recovery journey with dignity and support.

What Are The Methods?

There are several methods and approaches that can be employed to improve women's addiction surveillance and address the unseen portion of the addiction wave.

Gender-sensitive screening and assessment protocols: Develop and implement screening tools and assessment protocols that are sensitive to gender differences in substance use patterns, risk factors, and treatment needs.

Train healthcare providers to recognize and address the unique challenges faced by women with addiction, including trauma history, mental health comorbidities, and sociocultural influences.

Community outreach and education: Conduct outreach and educational campaigns to raise awareness about women's addiction issues, reduce stigma, and promote help-seeking behaviors. Provide information about available resources, treatment options, and support services tailored to women's needs, including childcare assistance, transportation services, and peer support groups.

Integration of trauma-informed care: Integrate trauma-informed care principles into addiction treatment settings to address the underlying trauma and stressors contributing to women's substance use. Train healthcare providers to recognize the signs of trauma and provide trauma-sensitive interventions, such as cognitive-behavioral

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therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and mindfulness-based techniques.

Culturally competent services: Ensure that addiction treatment and support services are culturally competent and responsive to the needs of diverse populations of women, including those from racial and ethnic minority communities. Provide language-specific services and interpreter services for non-English speaking women to ensure access to care and effective communication with healthcare providers.

Peer support and advocacy: Foster peer support networks and advocacy groups for women with addiction to provide a safe and supportive space for sharing experiences, accessing information, and advocating for their needs.

Empower women with addiction to become advocates for themselves and their communities by providing training in advocacy skills, leadership development, and community organizing.

Policy and systemic change: Advocate for policy changes and systemic reforms to address structural barriers to women's addiction surveillance and treatment, including improving access to healthcare coverage, funding gender-specific treatment programs, and implementing gender-responsive policies within addiction treatment systems.

Support initiatives to address social determinants of health, such as poverty, homelessness, and unemployment, which contribute to women's vulnerability to addiction and impact their ability to access care.

Research and data collection: Conduct research studies and surveillance efforts specifically focused on women's addiction issues to fill gaps in knowledge and inform evidence-based interventions. Collect disaggregated data on substance use prevalence, treatment utilization, and outcomes by gender to better understand the unique needs and experiences of women with addiction. By employing these methods and approaches, stakeholders can work collaboratively to improve women's addiction surveillance and address the unseen portion of the addiction wave, ultimately promoting holistic well-being and equitable access to care for women affected by addiction.

Factors affecting on Women's addiction surveillance: the unseen portion of the wave

Factors affecting women's addiction surveillance, contributing to its status as the unseen portion of the wave, are multifaceted and interconnected. These factors include societal, cultural, systemic, and individual influences that shape the recognition, reporting, and response to addiction among women.

Stigma and gender stereotypes: Societal stigma surrounding women's substance use can lead to shame, secrecy, and reluctance to seek help or disclose addiction issues. Gender stereotypes portraying women as caregivers and nurturers may obscure the perception of women as substance users, leading to underreporting and invisibility in addiction surveillance efforts.

Underrepresentation in research: Historically, addiction research has focused predominantly on men, resulting in a lack of data on women's substance use patterns, risk factors, and treatment outcomes. Women, particularly those from marginalized communities, are often underrepresented in clinical trials and epidemiological studies, limiting our understanding of the unique needs and experiences of women with addiction.

Diagnostic biases and misdiagnosis: Gender biases in diagnostic criteria and clinical assessment tools may overlook or misinterpret symptoms of addiction in women, leading to delayed diagnosis and treatment.

Women's substance use may manifest differently than men's, with symptoms such as internalizing behaviors, emotional dysregulation, and comorbid mental health disorders, which may be overlooked or attributed to other causes.

Trauma and co-occurring disorders: Women are more likely than men to experience trauma, such as childhood abuse, sexual violence, and intimate partner violence, which can contribute to the development of addiction as a coping mechanism. Co-occurring mental health disorders, such as [1-5] depression, anxiety, and post-traumatic stress disorder (PTSD), are common among women with addiction, complicating diagnosis and treatment efforts.

Intersectional identities and marginalization: Women's experiences of addiction are shaped by intersecting factors, including race, ethnicity, socioeconomic status, sexual orientation, and disability, which influence access to resources, social support, and healthcare services. Marginalized women, such as those who are homeless, incarcerated, or involved in sex work, face additional barriers to addiction surveillance and treatment due to systemic discrimination and structural inequalities.

Healthcare system challenges: Limited access to gender-sensitive and trauma-informed healthcare services may prevent women from receiving timely and appropriate treatment for addiction.

Healthcare providers may lack training in recognizing and addressing women's addiction issues, leading to disparities in care quality and outcomes.

Cultural and linguistic barriers: Cultural norms and linguistic barriers may impact women's willingness to seek help for addiction, especially in communities where mental health and substance use are stigmatized or taboo.

Limited availability of culturally competent and linguistically appropriate addiction services further hinders women's access to care. Addressing these factors is essential for improving women's addiction surveillance and ensuring that the unique needs and experiences of women with addiction are recognized and addressed in healthcare and public health interventions. By challenging stigma, promoting inclusivity, and advocating for gender-sensitive policies and practices, we can work towards reducing the unseen portion of the addiction wave among women and promoting holistic well-being for all individuals affected by addiction.

Future Scope

The future scope for addressing the unseen portion of the addiction wave among women involves a multi-dimensional approach encompassing research, policy changes, healthcare reforms, and community engagement.

Gender-responsive research: Invest in gender-sensitive research that explores the intersecting factors contributing to women's addiction, including biological, psychological, sociocultural, and environmental determinants. Prioritize studies that examine the effectiveness of gender-specific interventions and treatment modalities tailored to women's needs.

Technological innovations: Leverage advancements in technology,

such as telehealth platforms, mobile applications, and wearable devices, to expand access to addiction treatment and support services for women. Develop virtual support networks, online counseling programs, and digital self-help resources tailored to women's preferences and lifestyles.

Intersectional approaches: Adopt intersectional approaches to addiction prevention, treatment, and recovery that recognize the unique experiences and needs of women from diverse backgrounds, including racial and ethnic minorities, LGBTQ+ individuals, and individuals with disabilities. Address structural inequalities and social determinants of health that contribute to women's vulnerability to addiction and hinder their access to care.

Community-based initiatives: Strengthen community-based initiatives and grassroots organizations that provide culturally competent, gender-sensitive, and trauma-informed support for women with addiction. Foster collaboration between healthcare providers, community leaders, advocacy groups, and social service agencies to develop holistic and integrated approaches to women's addiction care.

Policy advocacy: Advocate for policy changes at the local, national, and international levels to address systemic barriers to women's addiction surveillance and treatment. Support initiatives that promote gender-responsive healthcare policies, increase funding for gender-specific addiction programs, and prioritize women's health equity in legislative agendas.

Professional training and education: Provide training and education for healthcare providers, addiction counselors, social workers, and other stakeholders on gender-sensitive approaches to addiction care. Incorporate curriculum content on women's addiction issues, trauma-informed care, and cultural humility into professional training programs to enhance provider competence and awareness.

Peer support and mentorship: Expand peer support networks and mentorship programs for women with addiction to provide ongoing encouragement, guidance, and empowerment. Foster leadership opportunities for women in recovery to serve as advocates, mentors, and role models within their communities and healthcare systems.

Data collection and surveillance: Improve data collection efforts and surveillance systems to capture the prevalence, patterns, and

outcomes of addiction among women accurately. Collect disaggregated data by gender and other demographic factors to identify disparities, monitor trends over time, and evaluate the effectiveness of interventions targeting women's addiction. By pursuing these avenues of action, stakeholders can work collaboratively to address the unseen portion of the addiction wave among women, promote gender equity in addiction care, and improve outcomes for women affected by addiction. Embracing a holistic and intersectional approach to women's addiction prevention, treatment, and recovery is essential for creating a future where all individuals, regardless of gender, have the opportunity to lead healthy, fulfilling lives free from the burden of addiction.

Conclusion

Women's addiction surveillance represents an unseen portion of the addiction wave, overshadowed by societal stereotypes and gender biases. By acknowledging the unique challenges faced by women with substance use disorders and addressing the systemic barriers to access treatment and support, we can improve outcomes and reduce the burden of addiction on women's health and well-being. It is essential to elevate women's voices, advocate for gender-sensitive policies, and promote inclusive and equitable approaches to addiction prevention, treatment, and recovery support services. Only then can we truly address the unseen portion of the wave and ensure that all individuals, regardless of gender, have the opportunity to heal and thrive.

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